AMENDMENTS TO THE SPECIFICATION

Please rewrite paragraph [0053] of the specification as follows:

Referring again to Fig. [10] <u>8</u>, with tunnel hook 2 and drill guide 64 in place, a 2 mm drill pin sleeve **66** is advanced in the direction of arrow **A** up to the skin proximal to the femoral condoyle to indicate an incision site. The drill guide is positioned to allow the pin to pass parallel to the coronal plane, without excessive posterior or anterior divergence. A 2-cm incision is made transversely at this site through the skin and fascia lata, and soft tissue is cleared down to the condoyle.

Please rewrite paragraph [0056] of the specification as follows:

Referring to Fig. 9, C-ring cross-pin drill guide **64** is removed, and a cannulated drill is placed over the guide pin and driven with rotation in the direction of arrow **B** to provide a hole **71** to accommodate implant **40**. Hole **71** also can be formed using reamers, as well as other methods known in the art. <u>For example, the drill may be replaced with a tunnel dilator **20** to form a channel in the femur for the remainder of implant **40**. Tunnel dilator **20** is mounted on a driver/extractor **72** and driven with a mallet in the direction of arrow **B** up to the depth stop (not shown).</u>

Please rewrite paragraph [0059] of the specification as follows:

Referring to Fig. 13, once the tendon graft 76 has been drawn completely into femoral socket 60, implant 40 is inserted into hole 71 by drawing on a length of suture 80 <u>or other flexible strand</u> knotted or looped through eye 46, the suture having been pulled through the femur using wire 30, a suture passer, or the like. An impactor chucked into a driver/extractor and having a depth stop 82 can be used to assist in advancing the implant. The implant is advanced in the direction of arrow G. The

implant passes under the loop formed in tendons **76**, toward the medial side of the

femur, to provide cross-pin support of tendons **76**.